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JUL 1 4 2810

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Ben A Hitt, et al

Docket No.: 0074-004001/CORR-004/01US

Serial No.:

10/628,137

Filed:

July 28, 2003

Patent No.:

7,333,896

Issued:

February 19, 2008

Title:

QUALITY ASSURANCE/QUALITY CONTROL FOR HIGH

THROUGHPUT BIOASSAY PROCESS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

STATEMENT UNDER 37 C.F.R. §3.73(b)

The United States of America as represented by the Department Of Health and Human Services, a corporation, submits that it is the owner of the entire right, title, and interest in the patent application identified above by virtue of an assignment from the inventor(s) of the patent application identified above, as evidenced by an assignment previously recorded in the U.S. Patent and Trademark Office on November 13, 2003 at Reel 014125, Frame 0162.

Please direct all telephone calls and correspondence to:

BRAKE HUGHES BELLERMANN LLP CUSTOMER NUMBER 53666

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

Date:

21 May 2010

Signature:

Michael Shmilovich, ESQ

Name: Title:

Sr. Licensing & Patent Mgr.

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) I hereby appoint: Practitioners associated with the Customer Number: 53666 Practitionar(s) harried below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Registration Number Number as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Tredemark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents allached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 53666 The address associated with Customer Number: OR Firm or Individual Name Address City Zíp Country

Assignee Name and Address:

The United States of America as represented by the Department of Health and Human Services 6011 Executive Bivd, Suite 325

Rockville, MD 20852

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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/86 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.

Fmall

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the essignee

Signature

Date 1 July 2010

Name

Name

Number of Microscopies of Record

Title

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